



UCA GENERAL INSURANCE SERVICES

“Service Is Our Strength”™

BROKER QUESTIONNAIRE

A. FIRM INFORMATION

1. Name of Firm: _____
Main Contact Person: _____
2. Principal Address: _____
(STREET)

(CITY) (STATE) (ZIP)
3. Mailing Address (IF DIFFERENT FROM ABOVE): _____
(STREET)

(CITY) (STATE) (ZIP)
4. Telephone: _____ Fax: _____
5. Web Site: _____ E-Mail: _____
6. Tax Payer ID Number: _____
7. Corporation Partnership Individual

B. BACKGROUND

1. Year Business Established: _____
2. During the past five (5) years, has the firm acquired/merged with another firm, or has the firm name changed? Yes No
If yes, please explain: _____

3. Is producer engaged in, owned by, associated or affiliated with, or controlled by any other business interest? Yes No
If yes, please explain: _____

4. Are you a member of: PIA IIAB Other
 If other, please list: _____

C. PRINCIPALS & PERSONNEL

1. Breakdown of Producer's Staff

Staff	Number/Current Year	Number/Prior Year
Principals/Partners/Owners		
Offices/Managers		
Brokers (OTHER THAN ABOVE)		
Other Employees		
Total Staff		

2. Principals/Officers/Brokers (*List in order of percentage of ownership and attach resumes.*)

Name	Title/Position	Yr. Started – Ins.	Yr. Started – Producer

D. OPERATIONS

1. Do you write business outside state of domicile? Yes No
 If you answered YES above, please explain and also indicate whether or not the agency has non-Residence licenses in these states or if they make other arrangements _____

List All Branch Offices: _____

2. List States With Current License (*Attach copies of all current licenses.*)

State	License #	State	License #

E. PREMIUM VOLUME & DISTRIBUTION

1. Total Volume for Last Five (5) Years

Volume	Year	Volume	Year

2. Total Volume (If listing under "Other," please attach description.)

Type	Current Year	Prior Year
Restaurants		
Motels		
Apartments		
Condominiums		
Umbrella & Excess		
Special Programs		
Professional Liability		
Other		
Total		

3. List major companies in order of premium volume.

Name	Yrs. Represented	Annual Volume	Loss Ratio

4. List companies discontinued in the last five (5) years _____

F. PRODUCTION TO COMPANY

1. Anticipated volume will be derived from the following sources:

- a. New Business \$ _____
- b. Transfer from Current Company in Office \$ _____
- c. Transfer from Discontinued Company \$ _____

2. Please give brief explanation: _____

G. FINANCIAL

1. If accounting not handled by main office, please provide address:

(CONTACT PERSON) STREET

(CITY) (STATE) (ZIP)

2. Bank Reference: _____

Name: _____

Trust Account Number: _____ Other: _____

Bank Address: _____
(STREET)

(CITY) (STATE) (ZIP)

3. Do you maintain E&O coverage? Yes No
If yes, please indicate the following:
Insurance Company: _____
Limits: _____
Deductible: _____
Expiration Date: _____
Attach E&O declaration page.

4. Has any member of your firm received any disciplinary action by a state insurance department or other regulatory authority? Yes No
If yes, please explain: _____

5. Is there any pending or threatened litigation or judgments within the past five (5) years exceeding \$10,000 against the broker or any of the principals?
 Yes No If yes, please explain: _____

The undersigned hereby declares that the answers given with respect to the foregoing questions are true, complete, and accurate with no misrepresentations, omissions, or any other concealment of fact.

Signature of Applicant: _____

Title: _____

REMEMBER TO INCLUDE COPIES OF: (1) Licenses, (2) E&O Declaration Page.

Return This Form To:

UCA General Insurance Services, Inc.
6363 Katella Ave.
Cypress, CA 90630
Attn: Barry Colburn

Contact Us:
Email: bcolburn@ucageneral.com
Phone: 1-800-222-5582
Fax: 1-714-228-7899